

Home School Transcript Form

Grace College Admissions | 200 Seminary Drive | Winona Lake, IN 46590
 admissions@grace.edu | 574.372.5100 ex. 6008 | 574.372.5120 (fax) | www.grace.edu

Student Information:

Last Name _____
 First Name _____ Middle Initial _____
 Gender _____ Date of Birth _____
 Email _____
 Home Address _____
 City _____ State _____
 Zip _____ Phone (____) _____

Parent/Supervisor completes the following:

Name/Title _____
 School Name (if applicable) _____
 Graduation Date: _____
 Cumulative GPA: _____ Grading Scale: _____
 Total Credits Earned: _____

Freshman Year: 20__ - 20__		
Course Name	Grade	Credit
GPA: _____		

Sophomore Year: 20__ - 20__		
Course Name	Grade	Credit
GPA: _____		

Junior Year: 20__ - 20__		
Course Name	Grade	Credit
GPA: _____		

Senior Year: 20__ - 20__		
Course Name	Grade	Credit
GPA: _____		

ACT/SAT Test Scores & Test Date(s): _____

*In addition, the testing service must send official scores to Grace College

Supervisor Signature _____ **Date** _____ **Phone** _____